

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW		04-06-01
O.I.P.E. CLASSIFIER		21	7/30/01
FORMALITY REVIEW	A.T.	1071	06/01/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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